Construction Contractor's Capability Statement

The undersigned certifies that the information provided herein is true and sufficiently complete so as not to be misleading.

COMPANY NAME	Cordova Mechanical &	General Contracting	
ADDRESS			
PO Box 2088			
CITY			
Espanola			
STATE			
NM			
ZIP CODE 87532			
PHONE 505-927-0759	FAX 505	7-753-0205	
EMAIL: N/A			
PRIMARY CONTACT Rafael J. Cordova	:]	
□ X General <u>L</u>	TION WORK (Check all ist Primary Expertise: Exectrical mains, storm wate	cavation, Concrete, Utilities	s, Paving, Building, Gas mains, Water
x□ Site Work □ Structural □Carpet x□Mechanical	x□ Demolition x□ Steel Fencing □ Roofing □ Clean Room	x□Exterior Utilities x□ Masonry x□ Building □ Fire Protection	☐ Paint ☐ Mechanical (HVAC/Plumbing) ☐ Electrical ☐ Nuclear Facility
7 years	our organization been in a	business as a construction construction business under	ontractor? er its present business name?
Under what former nam	nes has your organization of	operated?	
qualifications. Rafael J. Cordova (Ov		your organization, years wi	th firm, educational training and Machine Tool

List the categories of work that your organization normally performs with its company personal.

Concrete, Utility Mains, Building, Excavation, Earth Moving, Paving, Building, Pumps, Tanks,
Altitude Valves (Mechanical)
List the major projects your organization has in progress or has completed in the past five years, owner, contact amount, date/expected completion, percentage performed with its company personal LANL (TA-53 Flight Path Upgrade) - \$99,000 City of Espanola – Water Well Upgrade & Infrastructure - \$130K Espanola Public Schools – Watermain Infrastructure (Junior High School) \$100K TRK Management Corp. Sub-division Utilities.
List your Trade References City of Espanola (Frank Naranso – City Manager) Espanola Public Schools (Charlie Trujillo – Maintenance Supervisor) Silva's Excavation (Joe Silva – Owner)
List your Surety company or your banking affiliates. Community Bank - Espanola
What is your organization's current bonding rate? Single Aggregate
Has your firm entered into a contract that had to be completed by your surety within the past five years?
Yes □ No □ x List your Contractor's New Mexico license classification(s): MM-98, GB-98, GF-9, GA-03
Safety History:
List your firm's: Workmen's compensation Experience Modification Rate (EMR), Total recordable Injury/Illness case rate, and Lost workday case rate for the current period (calendar year to-date) and the previous three year period. No Injuries or accidents in the past 2years of worker comp. No Injuries or accidents since business started.
Rate Type: Interstate_x, In-State, Monopolistic
Insurance Carrier: Mountain States
What is your firm's North American Industrial Classification System (NAICS) code? unknown
Check all that apply to your organization. Provide certification if 8(a) Certified or Small Disadvantaged. ☐ Woman owned x☐ Small Business x☐ Small Disadvantaged ☐ 8(a) ☐ Large ☐ Veteran ☐ Disabled Veteran ☐ HUBZone Present number of employees x☐ 1-20 ☐ 21-40 ☐ 41-60 ☐ 61-100 ☐ Over 100